

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40044

FILED DEC 27 1950

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 3009		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		c. LENGTH OF STAY (In this place) <u>63 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		<u>0161</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. High St.</u>				d. STREET ADDRESS (If rural, give location) <u>St. High St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Macke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 6 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 7 63</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmaster</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Macke</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Hoffmeister</u>		14. NAME OF HUSBAND OR WIFE <u>Otha Ivers Macke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>710</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara G. Macke</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular renal disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 26, 1949</u> to <u>Dec 6, 1950</u> , that I last saw the deceased alive on <u>Dec 6, 1950</u> , and that death occurred at <u>12:45 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. H. Rolinger, M.D.</u>				23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/13/50</u>		REGISTRAR'S SIGNATURE <u>D. S. Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Crawford</u>		ADDRESS <u>Jackson, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 FEB 2

RECEIVED

DEC 20 1950

DISTRICT HEALTH OFFICE No. 6

To No.

1951 FEB 17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lynnan Steele

Licensed Embalmer No. 2476

P. O. Address Jackman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.